## SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE ARBITRATOR FEE STATEMENT

This form is for members of the Civil Arbitration Panel who provided a Court-Ordered Arbitration pursuant to Local Rule, Title 3, Division 2. Please submit this form within ten (10) days of the filing of the Arbitration Award to the Coordinator of ADR Services:

4050 Main Street, Riverside, CA 92501; CourtADRDirector@riverside.courts.ca.gov

RI-ADR08

SECTION A. ARBITRATOR'S INFORMATION				
Arbitrator's Name:		Phone Number:		
Email Address:				
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THIS INFORMATION MUST MATCH THE INFORMATION ON YOUR VENDOR PAYEE FORM				
Make Check Payable to:Remit to Address:				
Remit to Address: (ADDRESS)				
(CITY	)	(STATE)		(ZIP CODE)
SECTION B. ARBITRATION INFORMATION				
Case Name:			Case No.:	_
			Length of Session(s):	
☐ I certify that I was the arbitrator in the above-entitled case that was arbitrated pursuant to Local Rule Title 3,				
Division 2.				
<ul> <li>I certify that at the time the arbitration was held I was an active member of the Court's Civil Arbitration Panel.</li> </ul>				
As confirmation of my service:				
Date Case Ordered to Arbitration:				
Date Assigned as Arbitrator on this Matter:				
3. Date Arbitration Award Filed:				
☐ I request payment of \$150.00 for my services.				
SECTION C. ARBITRATOR'S DECLARATION				
I declare under penalty of perjury the foregoing to be an accurate statement of services rendered in this case.				
(SIGNATURE C	F CLAIMANT)			(DATE)
For Court Use Only				
	Fund:	110001		
	Cost Center:	335340		
	PECT/Functional Area:	1220		
	GL:	939101		
	Approvers Initials:	Da	ate:	
	Approvers Printed Name:	:		
	COMMENTS:			
	Approved Fee:	\$150.00		